

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	13					
TOTAL CLAIMS	15					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						